

Type a plus sign (+) inside this box → [+]

0010/PTO Rev. 6/95	U.S. Department of Commerce Patent and Trademark Office	Attorney Docket	MCHK/152/US
		First Named Inventor	Chi Wah Lo, et al
COMPLETE IF KNOWN			
		Application Number	
		Filing Date	
		Group Art Unit	
		Examiner Name	

## DECLARATION

Declaration Submitted with Initial Filing     Declaration Submitted after Initial Filing

As an above named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Telephone Recording System

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) \_\_\_\_\_ as United States Application or PCT International Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Codes of Federal Regulations, §1.56.

I hereby claim foreign priority under Title 35, United States Code § 119 (a)-(d) or § 365 (b) of any foreign application(s) for patent or inventor's certificate, or § 365 (a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Claimed Yes	Priority Claimed No	Copy Attached Yes	Copy Attached No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority sheet attached hereto:

I hereby claim the benefit under Title 35, United States Code § 119 (e) of any United States provisional application(s) listed below:

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.

**DECLARATION**

Page 2

I hereby claim the benefit under Title 35, United States Code §120 of any United States application(s), or §365(c) of any PCT International application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Title Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT International filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT International application numbers are listed on a supplementary priority sheet attached hereto:

As a named inventor, I hereby appoint the registered practitioners associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office therewith, and direct that all correspondence be addressed to that Customer Number:

Firm Name:

Alix, Yale &amp; Ristas, LLP

Customer Number:

002543

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	Chi Wah	Middle Initial		Family Name	Lo	Suffix			
Inventor's Signature					Date				
RESIDENCE: City	Sheung Wan	State	Hong Kong	Country	China	Citizenship	Chinese		
POST OFFICE ADDRESS	c/o Flat A, 16 <sup>th</sup> Floor, EIB Center, 40-44 Bonham Strand								
City	Sheung Wan	State	Hong Kong	Zip		Country	China	Applicant Authority	

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name	Tai Kwan	Middle Initial		Family Name	Tang	Suffix			
Inventor's Signature					Date				
RESIDENCE: City	Sheung Wan	State	Hong Kong	Country	China	Citizenship	Chinese		
POST OFFICE ADDRESS	c/o Flat A, 16 <sup>th</sup> Floor, EIB Center, 40-44 Bonham Strand								
City	Sheung Wan	State	Hong Kong	Zip		Country	China	Applicant Authority	

Additional inventors are being named on supplemental sheet(s) attached hereto.

<b>DECLARATION</b>					<b>ADDITIONAL INVENTOR(S)</b> <b>Supplemental Sheet</b>																																																																																																																																																																																																												
<p>Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Given Name</td> <td colspan="2">Hwai Sian</td> <td style="width: 10%;">Middle Initial</td> <td></td> <td style="width: 10%;">Family Name</td> <td colspan="2">Tsai</td> <td style="width: 10%;">Suffix</td> <td></td> </tr> <tr> <td>Inventor's Signature</td> <td colspan="5"></td> <td>Date</td> <td colspan="3"></td> </tr> <tr> <td>RESIDENCE: City</td> <td>Sheung Wan</td> <td>State</td> <td colspan="2">Hong Kong</td> <td>Country</td> <td>China</td> <td>Citizenship</td> <td colspan="2">Chinese</td> </tr> <tr> <td>POST OFFICE ADDRESS</td> <td colspan="9">c/o Flat A, 16<sup>th</sup> Floor, EIB Center, 40-44 Bonham Strand</td> </tr> <tr> <td>City</td> <td>Sheung Wan</td> <td>State</td> <td>Hong Kong</td> <td>Zip</td> <td></td> <td>Country</td> <td>China</td> <td>Applicant Authority</td> <td></td> </tr> </table> <p>Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Given Name</td> <td colspan="2">Wing Cheong</td> <td style="width: 10%;">Middle Initial</td> <td></td> <td style="width: 10%;">Family Name</td> <td colspan="2">Chan</td> <td style="width: 10%;">Suffix</td> <td></td> </tr> <tr> <td>Inventor's Signature</td> <td colspan="5"></td> <td>Date</td> <td colspan="3"></td> </tr> <tr> <td>RESIDENCE: City</td> <td>Sheung Wan</td> <td>State</td> <td colspan="2">Hong Kong</td> <td>Country</td> <td>China</td> <td>Citizenship</td> <td colspan="2">Chinese</td> </tr> <tr> <td>POST OFFICE ADDRESS</td> <td colspan="9">c/o Flat A, 16<sup>th</sup> Floor, EIB Center, 40-44 Bonham Strand</td> </tr> <tr> <td>City</td> <td>Sheung Wan</td> <td>State</td> <td>Hong Kong</td> <td>Zip</td> <td></td> <td>Country</td> <td>China</td> <td>Applicant Authority</td> <td></td> </tr> </table> <p>Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Given Name</td> <td colspan="2"></td> <td style="width: 10%;">Middle Initial</td> <td></td> <td style="width: 10%;">Family Name</td> <td colspan="2"></td> <td style="width: 10%;">Suffix</td> <td></td> </tr> <tr> <td>Inventor's Signature</td> <td colspan="5"></td> <td>Date</td> <td colspan="3"></td> </tr> <tr> <td>RESIDENCE: City</td> <td></td> <td>State</td> <td colspan="2"></td> <td>Country</td> <td></td> <td>Citizenship</td> <td colspan="2"></td> </tr> <tr> <td>POST OFFICE ADDRESS</td> <td colspan="9"></td> </tr> <tr> <td>City</td> <td></td> <td>State</td> <td></td> <td>Zip</td> <td></td> <td>Country</td> <td></td> <td>Applicant Authority</td> <td></td> </tr> </table> <p>Name of Additional Joint Inventor, if any: <input type="checkbox"/> A petition has been filed for this unsigned inventor</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Given Name</td> <td colspan="2"></td> <td style="width: 10%;">Middle Initial</td> <td></td> <td style="width: 10%;">Family Name</td> <td colspan="2"></td> <td style="width: 10%;">Suffix</td> <td></td> </tr> <tr> <td>Inventor's Signature</td> <td colspan="5"></td> <td>Date</td> <td colspan="3"></td> </tr> <tr> <td>RESIDENCE: City</td> <td></td> <td>State</td> <td colspan="2"></td> <td>Country</td> <td></td> <td>Citizenship</td> <td colspan="2"></td> </tr> <tr> <td>POST OFFICE ADDRESS</td> <td colspan="9"></td> </tr> <tr> <td>City</td> <td></td> <td>State</td> <td></td> <td>Zip</td> <td></td> <td>Country</td> <td></td> <td>Applicant Authority</td> <td></td> </tr> </table> <p><input type="checkbox"/> Additional inventors are being named on supplemental sheet(s) attached hereto</p>										Given Name	Hwai Sian		Middle Initial		Family Name	Tsai		Suffix		Inventor's Signature						Date				RESIDENCE: City	Sheung Wan	State	Hong Kong		Country	China	Citizenship	Chinese		POST OFFICE ADDRESS	c/o Flat A, 16 <sup>th</sup> Floor, EIB Center, 40-44 Bonham Strand									City	Sheung Wan	State	Hong Kong	Zip		Country	China	Applicant Authority		Given Name	Wing Cheong		Middle Initial		Family Name	Chan		Suffix		Inventor's Signature						Date				RESIDENCE: City	Sheung Wan	State	Hong Kong		Country	China	Citizenship	Chinese		POST OFFICE ADDRESS	c/o Flat A, 16 <sup>th</sup> Floor, EIB Center, 40-44 Bonham Strand									City	Sheung Wan	State	Hong Kong	Zip		Country	China	Applicant Authority		Given Name			Middle Initial		Family Name			Suffix		Inventor's Signature						Date				RESIDENCE: City		State			Country		Citizenship			POST OFFICE ADDRESS										City		State		Zip		Country		Applicant Authority		Given Name			Middle Initial		Family Name			Suffix		Inventor's Signature						Date				RESIDENCE: City		State			Country		Citizenship			POST OFFICE ADDRESS										City		State		Zip		Country		Applicant Authority	
Given Name	Hwai Sian		Middle Initial		Family Name	Tsai		Suffix																																																																																																																																																																																																									
Inventor's Signature						Date																																																																																																																																																																																																											
RESIDENCE: City	Sheung Wan	State	Hong Kong		Country	China	Citizenship	Chinese																																																																																																																																																																																																									
POST OFFICE ADDRESS	c/o Flat A, 16 <sup>th</sup> Floor, EIB Center, 40-44 Bonham Strand																																																																																																																																																																																																																
City	Sheung Wan	State	Hong Kong	Zip		Country	China	Applicant Authority																																																																																																																																																																																																									
Given Name	Wing Cheong		Middle Initial		Family Name	Chan		Suffix																																																																																																																																																																																																									
Inventor's Signature						Date																																																																																																																																																																																																											
RESIDENCE: City	Sheung Wan	State	Hong Kong		Country	China	Citizenship	Chinese																																																																																																																																																																																																									
POST OFFICE ADDRESS	c/o Flat A, 16 <sup>th</sup> Floor, EIB Center, 40-44 Bonham Strand																																																																																																																																																																																																																
City	Sheung Wan	State	Hong Kong	Zip		Country	China	Applicant Authority																																																																																																																																																																																																									
Given Name			Middle Initial		Family Name			Suffix																																																																																																																																																																																																									
Inventor's Signature						Date																																																																																																																																																																																																											
RESIDENCE: City		State			Country		Citizenship																																																																																																																																																																																																										
POST OFFICE ADDRESS																																																																																																																																																																																																																	
City		State		Zip		Country		Applicant Authority																																																																																																																																																																																																									
Given Name			Middle Initial		Family Name			Suffix																																																																																																																																																																																																									
Inventor's Signature						Date																																																																																																																																																																																																											
RESIDENCE: City		State			Country		Citizenship																																																																																																																																																																																																										
POST OFFICE ADDRESS																																																																																																																																																																																																																	
City		State		Zip		Country		Applicant Authority																																																																																																																																																																																																									